

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
AUG 29 2016
Bayfield Co. Zoning Dept.



Permit #:	16-0304
Date:	9-12-16
Amount Paid:	\$175
Refund:	\$-29-16

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:				City/State/Zip:				Telephone:					
Ken Svetkovich + Karla Braski		4813rd Ave E				Washburn, WI				915-373-2901					
Address of Property:		City/State/Zip:				Contractor Phone:				Plumber:		Plumber Phone:			
53875 Peckat Lane		Mason, WI													
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached					
										<input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (720 digits)		Bounded Document: (i.e. Property Ownership)		Page(s)							
W1/4, NW 1/4		Govt Lot		Lot(s)		CSM		Vol & Page		Lot(s) Inv.		Job Division:			
Section 27, Township 45 N, Range 5 W		Town of: Lincoln		Lot Size		Acreage									
<input checked="" type="checkbox"/> Shoreland →		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes—Continue →				Distance Structure is from Shoreline: 100 feet				Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland		Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue →				Distance Structure is from Shoreline: feet									

Value at Time of Completion * include donated time & material \$ 17,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	New Construction		<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							Addition/Alteration		<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
							Conversion		<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
							Relocate (existing bldg)		<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
							Run a Business on Property		<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)			
					<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet						

Existing Structure: (if permit being applied for is relevant to it)	Length: 20'	Width: 28'	Height: 16'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage	Residential Use	
					<input checked="" type="checkbox"/> Residential Use	
Rec'd for Issuance SEP 12 2016 Secretarial Staff	<input type="checkbox"/>	Principal Structure (first structure on property)	(20 X 28)	560		
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)			
	<input type="checkbox"/>	with Loft	(X X)			
	<input type="checkbox"/>	with a Porch	(8 X 16)	128		
	<input type="checkbox"/>	with (2nd) Porch	(X X)			
	<input type="checkbox"/>	with a Deck	(X X)			
	<input type="checkbox"/>	with (2nd) Deck	(X X)			
	<input type="checkbox"/>	with Attached Garage	(X X)			
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)			
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X X)			
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X X)			
	<input type="checkbox"/>	Accessory Building (specify) _____	(X X)			
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X X)			
	<input type="checkbox"/>	Special Use: (explain) _____	(X X)			
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X X)			
<input checked="" type="checkbox"/>	Other: (explain) Mary Kathy Cabin's back fence edge	(20 X 28)				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: Ken Svetkovich + Karla Braski
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

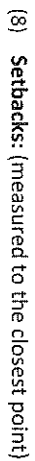
Authorized Agent: _____ Date: 8/29/16

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 4813rd Ave E Washburn, WI 54891

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

(1)	Show Location of:	Proposed Construction
(2)	Show / Indicate:	North (N) on Plot Plan
(3)	Show / location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*):	(*) Wetlands; or (*) Slopes over 20%



A handwritten signature in dark ink, appearing to be "N".

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.


Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

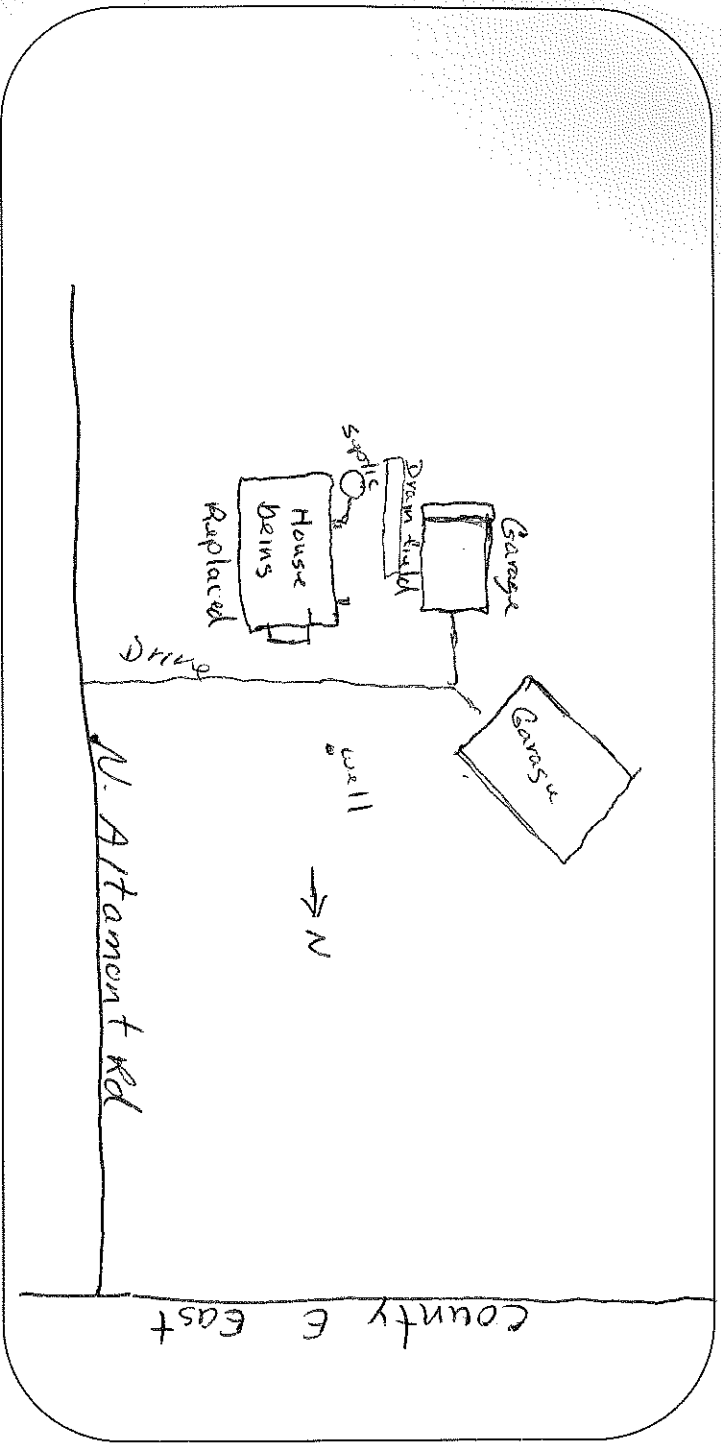
The local Town, Village, City, State or Federal agencies may also require permits.

Condition(s) Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (If No they need to be attached.)
Relocate house due to storm from 7-11-16 -

Hold For Sanitary: <input type="checkbox"/> _____	Hold For TB: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____
<div style="text-align: center;">  </div>				11-2-78

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	380 Feet	Setback from the Lake (ordinary high-water mark)	11 Feet
Setback from the Established Right-of-Way	350 Feet	Setback from the River, Stream, Creek	11 Feet
		Setback from the Bank or Bluff	11 Feet
Setback from the North Lot Line	1300 Feet	Setback from Wetland	11 Feet
Setback from the South Lot Line	2850 Feet	Setback from 20% Slope Area	11 Feet
Setback from the West Lot Line	300 Feet	Elevation of Floodplain	11 Feet
Setback from the East Lot Line			
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	100 Feet
Setback to Drain Field	65 Feet		
Setback to Privy (Portable, Composting)	11 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) or New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>389561</u>	# of bedrooms: _____	Sanitary Date: <u>7-02</u>			
Permit Denied (Date): _____	Reason for Denial: _____						
Permit #: <u>16-0312</u>	Permit Date: <u>9-14-16</u>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:							
Date of Inspection: <u>9-7-16</u>	Inspected by: <u>[Signature]</u>	Zoning District: <u>(A3)</u>	Lakes Classification: _____	Date of Re-Inspection: _____			
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>(If No they need to be attached.)</u>							
<u>Must get wdc</u>							
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>9-16-16</u>						
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____				

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE STAMP (Required)
AUG 29 2016
Bayfield Co. Zoning Dept.

ENTERED Permit #:
16-0316
Date: 9-16-16
Amount Paid: \$500
Refund: 8-29-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Allen D. Vallancey
Address of Property: 29775 Stonestre Rd.
City/State/Zip: Mason, WI 54856
Telephone: 715-765-4154
Cell Phone:
Contractor: American Homes Hayward
Contractor Phone: 715-634-5500
Plumber: 715-558-4616
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Plumber Phone:
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-030-2-45-65-02-4 01-000-2000
PIN: (23 digits)
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
1/E 1/4, SE 1/4
Section 02, Township 45 N, Range 05 W, Town of Lincoln, Sacas
Lot Size: Acres
Acreage:

☐ Shoreland ☒ Non-Shoreland
☐ Is Property/Land within 300 feet of River/Stream (incl. intermittent) Creek or landward side of Floodplain? Distance Structure is from Shoreline: 200 feet
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: feet
If yes---continue --> If yes---continue -->

☐ Is Property in Floodplain Zone? ☒ Yes ☒ No
☐ Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$174,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Year Round <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) <input type="checkbox"/> Privy (pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 28 Height: 16
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	(21 x 36) (21 x 36) (21 x 36) (21 x 36) (21 x 36) (21 x 36) (21 x 36)	1568 1568 1568 1568 1568 1568 1568
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () () ()	() () () () ()
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	() () ()	() () ()
<input type="checkbox"/> SEP 16 2016 Municipal Use			
<input type="checkbox"/> Secretarial Staff			

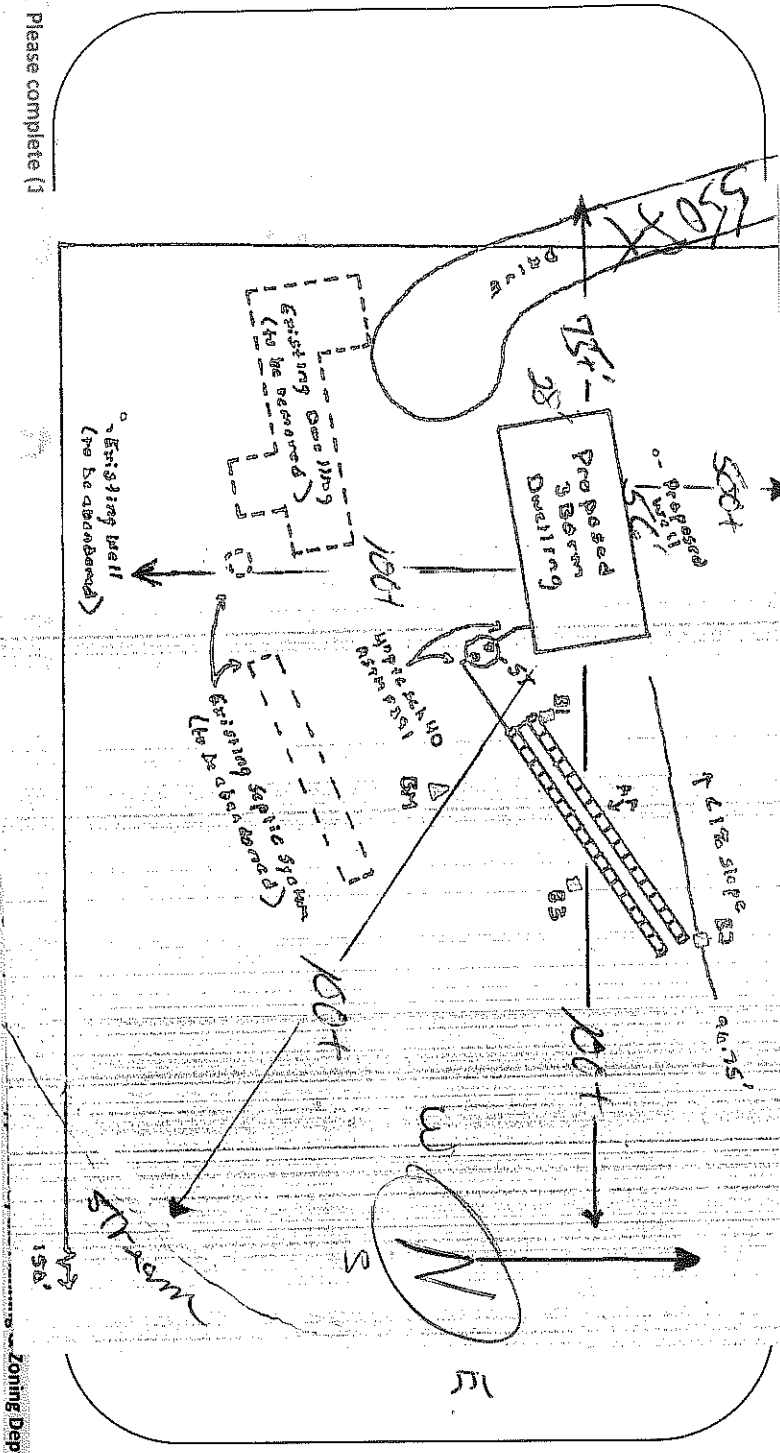
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
Authorized Agent:
Date: 8-24-16
Address to send permit:
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

Enstra Road

- | | |
|---------------------------|--|
| (1) Show location of: | Proposed Construction |
| (2) Show / indicate: | North (N) on Plot Plan |
| (3) Show location of (*): | All Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	466 +	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	188 +
		Setback from the Bank or Bluff	
Setback from the North Lot Line	100 +		
Setback from the South Lot Line	100 +	Setback from Wetland	
Setback from the West Lot Line	75 +	20% Slope Area on property	<input type="checkbox"/> Yes
Setback from the East Lot Line	100 +	Elevation of Floodplain	<input checked="" type="checkbox"/> No
Setback to Septic Tank or Holding Tank	33 +	Setback to Well	20
Setback to Drain Field	35 +		
Setback to Privy (Portable, Composting)			

SETBACK LOCATING (10' SETBACK, UNIMPROVED)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0316		Permit Date: 9-16-16		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: ✓ F/002 P/01111		Zoning District (A31) Lakes Classification ()		
Date of Inspection: 9-7-16		Inspected by: [Signature]	Date of Re-Inspection:	

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (if No they need to be attached.)

must get urc

Must Remove Existing here By 10/1/17

Signature of Inspector:	<i>[Signature]</i>			Date of Approval:	<i>9-16-16</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	